

**SMALL COURSE APPROVAL REQUEST FORM**  
**VIRGINIA DEPARTMENT OF HEALTH – OFFICE OF EMERGENCY MEDICAL SERVICES**  
**109 Governor Street, Madison Bldg., Suite UB-55, RICHMOND, VIRGINIA 23219**  
**(804) 864-7600 or (800) 523-6019 (Va. only)**

COURSE # \_\_\_\_\_ (REQUIRED IF FORM NOT SUBMITTED AT SAME TIME AS COURSE APPROVAL REQUEST)

**TYPE OF PROGRAM: (CHECK ONE APPROPRIATE BOX)**

First Responder Basic

First Responder Refresher

First Responder Required Topics

EMT – Basic

EMT – Refresher

EMT – Required Topics

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**COURSE COORDINATOR INFORMATION - PRINT**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: HOME: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ BUSINESS: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OTHER(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**PROGRAM LOCATION - PRINT**

Facility: \_\_\_\_\_

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**PROGRAM INFORMATION -**

CURRENT NUMBER OF ENROLLED STUDENTS: \_\_\_\_\_

PROGRAM LENGTH: \_\_\_\_\_ (HOURS)

BEGIN DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

END DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

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**JUSTIFICATION FOR SPECIAL APPROVAL OF SMALL ENROLLMENT:** \_\_\_\_\_

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COURSE COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MONTH DAY YEAR

**NOTE - THIS ORIGINAL FORM MUST BE SUBMITTED FOR ALL REIMBURSEMENT REQUESTED COURSES WITH ENROLLMENT OF LESS THAN 13 STUDENTS AT THE TIME OF THE THIRD LESSON OF THE COURSE. APPROVAL OF CONTINUED FUNDING OF THIS COURSE MUST BE OBTAINED PRIOR TO THE END DATE OF THIS COURSE FOR PAYMENT TO BE PROCESSED.**

**This form DOES NOT replace the standard Course Approval request form required for initial authorization for program instruction.**

**This form may be submitted by Mail or Fax - (804) 864-7580**

**Course #:** \_\_\_\_\_ **Topic:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

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**Special Approval Review - Review Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

  
  
  
  
  
  
  
  
  
  

**Office Approval:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_